

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW MEXICO**

THE ESTATE OF NENA CHARLEY,
by and through Personal Representative,
TIMOTHY CHARLEY, TIMOTHY
CHARLEY, as parent and next friend of
NILE CHARLEY, and TIMOTHY CHARLEY, Individually,

Plaintiffs,

vs.

Cause No. 1:22-cv-00033-JB-JFR

THE UNITED STATES OF AMERICA, ROBIN
RANELL SALES, R.N., JOELLE CATHERIN
CERO GO, R.N., AB STAFFING SOLUTIONS,
LLC, a Foreign Corporation, NEXT MEDICAL
STAFFING, a Foreign Corporation, and JOHN or
JANE DOE Corporation,

Defendants.

EXPERT REPORT OF DAVID S. GLASER, M.D.

Expert Declaration: David S. Glaser, M.D.
2167 S. Fillmore Street
Denver, Colorado 80210

I, David S. Glaser, M.D., being over the age of eighteen (18) years do hereby state:

I. Qualifications:

Brief Biography: Dr. Glaser received his medical degree (MD) from the Johns Hopkins University School of Medicine (1987) and then completed a 3-year internal medicine residency at the University of Colorado Health Sciences Center (1990). Dr. Glaser remains board-certified in internal medicine, having passed the American Board of Internal Medicine board examination 3 times, most recently in 2011, and having taken a "Knowledge Check-In" through ABIM in November 2020, which extended his current certification through 2024. He completed his residency in emergency medicine at the Denver Affiliated Residency in Emergency Medicine in 1995 and is board certified in emergency medicine by the American Board of Emergency Medicine, having passed their board examination 3 times, most recently in October, 2016.



Nena was seen by Dr. Robert Leach, who recorded that Nena had had nausea, body aches, headaches, loss of appetite, and a dry cough since symptom onset 3 days before. In the very next sentence, Dr Leach reported that Nena denied cough. Nowhere in the record does it indicate what parts of Nena's body either were or were not affected by the body aches. On physical exam, Dr. Leach noted that Nena appeared to be in mild distress but had normal respiratory effort with clear lungs and no accessory muscle use.

Dr. Leach ordered for Nena to receive Toradol 60mg IM and 8mg of oral ondansetron. Nena's nurse recorded that she administered the oral ondansetron at 0155 but that she gave the Toradol by IV push at 0158. Dr. Leach recorded his disposition time for Nena as 0151. Final nurse discharge documentation was at 0202, at which time Nena's pain was recorded as a 5/10, and her vital signs showed a heart rate of 101, blood pressure of 125/82, respiratory rate of 19, oxygen saturation of 95%, and a temperature of 98.3°. Dr. Leach diagnosed her as having an "acute viral syndrome," prescribed additional ondansetron, recommended she take Tylenol or Motrin for pain or fever, follow up with primary care in 3 days if symptoms were not resolving, and return sooner to the ER "if otherwise worse." From the time Nena was seen by Dr. Leach to the time when Dr. Leach recorded his disposition decision was 24 minutes.

The following morning, a call for an ambulance was placed at 0928, roughly 7.5 hours after Nena's emergency department discharge. Volunteer fire initially arrived at her home and reportedly found that Nena's pulse oximetry was in the low 70's. EMS arrived at her home at 0948, began transporting her at 0959, and recorded an arrival back to the Gallup Indian Medical Center emergency department at 1020. They found her tachycardic and hypotensive to the point of not being able to obtain a blood pressure.

On her second visit to the Gallup Indian Medical Center emergency department, Nena was not seen by a physician until just after 11am, a substantial delay given her critical condition. At that time, she was noted to be tachycardic and in respiratory distress. She had bilateral crackles in all lung fields. Antibiotics to cover community acquired pneumonia were ordered. A CBC returned showing a leukocytosis of greater than 20K, with a marked left shift, hemoconcentration (hemoglobin/hematocrit of 21.3/61.5), and thrombocytopenia of 34K. Upon return of this CBC, Dr. Logan became concerned for possible hantavirus and asked Nena about any possible exposure to mouse droppings, which Nena confirmed from about a week prior. Thereupon, consultation was made with Dr. Vasquez at University of New Mexico, and arrangements were made to transfer Nena to their facility via fixed wing that had ECMO capability. Nena went into cardiac arrest while awaiting transport and eventually died of confirmed hantavirus infection.